

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER

37680

10239

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St/ Louis</u>			c. CITY OR TOWN <u>St. Louis</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			d. STREET ADDRESS <u>3135 Lawton</u>		
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle Last <u>Kelley</u>			4. DATE OF DEATH <u>10/24/57</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>Dec. 15, 1899</u>		9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	
11. BIRTHPLACE (City and state or country) <u>Montgomery, Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Kelly</u>		13b. MOTHER'S MAIDEN NAME <u>Jannie Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Unk.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes War 2</u>		16. SOCIAL SECURITY NO. <u>494-10-0853</u>		17. INFORMANT Address <u>Luberta Ellsworth 3135 Lawton</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion (Sclerosis)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.1</u>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at <u>315 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joseph M. Quinn Deputy Coroner</u>		22b. ADDRESS <u>1300 Claiborne</u>		22c. DATE SIGNED <u>10/31/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/31/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetary</u>	
23d. LOCATION (City, town, or county) <u>Jeff. Brks. Mo.</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>Wm. Smith</u>		ADDRESS <u>4019 Washington</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 31 57</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u> <u>m 8/16.</u>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *4729 N. Henderson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.